

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90003 001 \*\*\*\*61.25

40121650



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3633933

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WEIDNER, RALPH L  
C/O GULF BREEZE MGMT. SVCS. OF SW FL, LLC  
8910 TERRENE CT  
BONITA SPRINGS, FL 34135

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOGIL, LEN	
STREET ADDRESS	9335 OAK STRAND DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDZA, JOSEPH G	
STREET ADDRESS	9247 OAK STRAND DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH R	
STREET ADDRESS	9319 OAK STRAND DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHANNON, ERICA R	
STREET ADDRESS	9231 OAK STRAND DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINES, RICHARD	
STREET ADDRESS	9263 OAK STRAND DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard L. Wines	
STREET ADDRESS	9263 Oak Strand Drive	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Wines Richard L. Wines 2/27/2007 239-495-8636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #